

- ☐ Appears that value of collateral exceeds debt.
- ☐ Arrearage asserted is incorrect.
- ☐ The creditor filed a secured claim, but neither: (a) specified that any portion of the claim should be treated as unsecured nor (b) requested a hearing to determine the value of their collateral, and therefore the trustee objects to any portion of the claim being treated as unsecured.
- ☐ The creditor filed a claim for taxes assessed against real or personal property of the debtor(s). The undersigned represents that the interest of the estate in the real or personal property against which the above taxes were assessed has no value in that the estate has no equity or interest in such property, and so under the provisions of 11 U.S.C. §502(b) no order can be made for payment of such taxes.
- ☐ Proof of claim does not include documentation required by FRBP 3001(c) and (d) (e.g., a copy of the note, or documents establishing secured status).
- ☐ Other:

3. The undersigned recommends said claim be (check applicable box(es)):

- ☐ Disallowed in full.
- ☐ (If objection is based on failure to provide documentation) Disallowed for distribution: If an amended claim including the required documentation is not filed within 30 days of the filed date noted above, no distribution on account of the claim will be made by the trustee or debtor.
- ☐ Allowed as a SECURED claim for \$_____; a PRIORITY UNSECURED claim for \$_____; AND a NONPRIORITY UNSECURED claim for \$_____. [You must fill in each blank even if it is \$0.]
- ☐ (If amount of arrearage is contested) The amount of the arrearage is \$_____.

4. **THE UNDERSIGNED CERTIFIES THAT** a copy of any Withdrawal of this Objection will be served on all parties that were served a copy of this Objection (i.e., the U.S. Trustee, any trustee, debtor(s), the creditor at the address shown above, and their respective attorneys; and, if the creditor is a federal agency, on the U.S. Attorney for the District of Oregon and the U.S. Attorney General).

DATE: _____

Objecting Party Signature AND Relation to Case

Objecting Party Name AND Service Address (Type or Print)

Objecting Party Phone Number

(If Debtor is Objecting Party) Debtor's Address AND Taxpayer I.D.#(s) (last 4 digits)